24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		
WOMEN SPEAK OUT PAC		
	C	C00530766
Check if 24-hour report		
Full Name of Payee	Date of P	bublic Distribution/Dissemination
Headway Workforce Solutions Inc.	09	01 2020
Mailing Address 3100 Smoketree Ct.		
Suite 900	Amount	
	Code	3200.00
Raleigh NC 276		ion ID : SE.18617 Disbursement or Obligation
Purpose of Expenditure Canvassing / Travel	ategory/ Type 09	
Name of Federal Candidate	Support Office Sought:	¥ House District: <u>32</u>
COLLINS, GENEVIEVE D, , ,	Oppose President	Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	Disbursement For 2020 Other	or: Primary X General
Full Name of Payee		Public Distribution/Dissemination
Headway Workforce Solutions Inc.	M 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3100 Smoketree Ct.	09	01 2020
Suite 900	Amount	
	Code	3200.00
Raleigh NC 270		on ID : SE.18618 Disbursement or Obligation
Purpose of Expenditure	ategory/	W / D D / Y Y Y Y
Canvassing / Travel	Type 09	01 2020
Name of Federal Candidate	Support Office Sought:	✗ House District: <u>32</u>
ALLRED, COLIN, , ,	X Oppose President	Senate State:TX
Calendar Year-To-Date	Disbursement Fo	or: Primary Seneral
Per Election for Office Sought		r (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Gross, Jennifer, , , [Electronically		03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		